

- ***Tuberculin screening.*** Tuberculin testing should be done on individuals in high-risk populations or if historical findings, physical examination or other risk factors so indicate. See page 3.4 for more details.
- ***Urinalysis.***
  - Because of heightened incidence of bacteriuria in girls, testing may be appropriate.
  - Children who have had previous urinary tract infections should be rescreened more frequently.
  - If test results are positive but the history and physical examination are negative, the child should be tested again in two weeks.
- ***STD screening.*** All sexually active clients should be screened for sexually transmitted diseases (STDs).
- ***Pelvic exam.*** All sexually active females, and all females 18 and over regardless of sexual activity, should have a pelvic exam. A pelvic exam and routine pap smear should be offered as part of preventive health maintenance.

### ***G. Immunizations***

- The immunization status of each child should be reviewed at each Well Child Screen. This includes interviewing parents or caretakers, reviewing immunization records, and reviewing risk factors.
- A checklist for a child's immunization regimen is provided in the *Well Child Screen Recommendations* chart (*Appendix B*) for your convenience. The *Recommended Childhood Immunization* schedule is available on the *Provider Information web site* (see *Key Contacts*) and the *Centers for Disease Control and Prevention (CDC) web site* (see *Key Contacts*). This schedule is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The schedule on the website is updated as recommendations from the ACIP are received.
- If a child was not immunized at the recommended time, use the *Recommended Childhood Immunization* schedule to bring the child's immunizations current.

### ***H. Dental screen***

The child's dentist should perform annual dental screens, and results should be included in the child's initial/interval history. Other providers should perform an oral inspection, fluoride varnish (as available) and make a referral to a dentist for any of the following reasons:

- When the first tooth erupts and every six months thereafter.
- If a child with a first tooth has not obtained a complete dental examination by a dentist in the past 12 months.
- If an oral inspection reveals cavities, infection, or the child is developing a handicapping malocclusion or significant abnormality.

***I. Discussion and counseling/Anticipatory guidance***

Providers should discuss examination results, address assessed risks, and answer any questions in accordance with the parents' level of understanding. Age-appropriate discussion and counseling should be an integral part of each visit. Please allow sufficient time for unhurried discussions.

At each screening visit, provide age-appropriate anticipatory guidance concerning such topics as the following:

- Auto safety: Car seats, seat belts, air bags, positioning young or light-weight children in the backseat.
- Recreational safety: Helmets and protective padding, playground equipment.
- Home hazards: Poisons, accidental drownings, weapons, matches and lighters, staying at home alone, and use of detectors for smoke, radon gas, and carbon monoxide.
- Exposure to sun and secondhand smoke.
- Adequate sleep, exercise and nutrition, including eating habits and disorders.
- Peer pressure.
- General health: Immunizations, patterns of respiratory infections, skin eruptions, care of teeth.
- Problems such as stealing, setting fires, whining, etc. (as indicated by parental concern).
- Behavior and development: Sleep patterns, temper, attempts at independence (normal and unpleasant behavior), curiosity, speech and language, sex education and development, sexual activities, attention span, toilet training, alcohol and tobacco use, substance abuse.
- Interpersonal relations: Attitude of father; attitude of mother; place of child in family; jealousy; selfishness, sharing, taking turns; fear of strangers; discipline—obedience; manners—courtesy; peer companionship/relations; attention getting; preschool, kindergarten and school readiness and performance; use of money; assumption of responsibility; need for affection and praise; competitive athletics.